Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

CLAIMS AS FILED - PART I (Column 1)						(Column 2) SMALL ENTITY TYPE TYPE			ITITY	OTHER THAN OR SMALL ENTITY			
TOTAL CLAIMS			100101111111		(Ooldmir 2)		Ė	RATE	FEE				
FOR					NUMBER EXTRA		-			}	RATE		EE
FOR			NUMBER FILED		NUMBER EXTRA		-	SASIC FEE	375.00	OR	BASIC FEE	77.0	0.00
TOTAL CHARGEABLE CLAIMS			14 minus 20= *			—(b)		X\$ 9=	. —	OR	X\$18=	1	
IND	EPENDENT CL	AIMS	2 m	nus 3 =	* 4			X4 3 =		OR	X8 6 =		
MULTIPLE DEPENDENT CLAIM PRESENT					e*·			+140=		OR	+280=		
* If the difference in column 1 is less				ess than zero, enter "0" in column 2				TOTAL		OR	TOTAL	77	٥.
	CI	LAIMS AS A	MENDE	MENDED - PART II							OTHER	THA	N
		(Column 1)		(Column 2) (Column 3)					NTITY	OR .	SMALLE	ENTI	ΤΥ
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		PREVI	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	TIO	DDI- NAL EE
NON	Total	* 14	Minus	** 1	20	=		X\$ 9=		OR	X\$18=		. _
AME	Independent	* [Minus	***	3	=		X4 3 =		OR	X8 6 =		
	FIRST PRESE	NTATION OF MI	JLTIPLE QE	KEŃDEN	CLAIM			+140=		OR	+280=	,	
							L.	TOTAL DDIT. FEE		OR	TOTAL ADDIT: FEE		
	(Column 1) (Column 2) (Column 3)										ADDII. FEET		
FRI		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA	Γ	RATE	ADDI- TIONAL FEE		RATE	TIC	DDI- NAL EE
AMENDMENT	Total	*,	Minus	**		=		X\$ 9=		OR	X\$18= .		
AME	Independent	*	Minus	***		=	╽┟	X4 3 =		OR	X86=		
L	FIRST PRESE	NTATION OF MI	JLTIPLE DE	PENDEN	T CLAIM		┞.	4.40			. 000		
							L	+140=		OR	+280=		
					• 0 [Al	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE		
_	5044.0	(Column 1)	4000		mn 2)	(Column 3)							
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		NUN PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	TIC	ODI- ONAL EE
NON	Total	*	Minus	**		=	lΓ	X\$ 9=		OR	X\$18=		
ME	Independent	*	Minus	***		=	l	X43 =		OR	X8 6 =		
L	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	T CLAIM		1			On		_	
	If the entry in entry	mn 1 in loss that t	ho onto in cot	ump O well	ο *O* in co	luma 2		+140=		OR	+280=		
44	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09917910

		CLAIMS AS		Column 1) (Column 2)			SMALL ENTITY TYPE			OR SMALL ENTITY			
TOTAL CLAIMS			8				F	RATE	FEE	•	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		ВА	SIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			8 minus 20=		*ø.		7	(\$ 9=		OR	X\$18=	19	
IND	EPENDENT CL	AIMS -	2-min	us 3 =	7			X40=		OR	X80=		
MULTIPLE DEPENDENT CLAIM PRESENT							T	-135=		OR	+270=		
* If	the difference	in column 1 is	ro, ente	r "0" in c	olumn 2	L	OTAL		OR	TOTAL	710		
	CI	LAIMS AS A	MENDÊD	ED - PART II							OTHER THAN		
		(Column 1)	(Column 2) (Column 3)				S	MALL E	NTITY	OR	SMALL ENTITY		
ENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE	**	RATE	ADDI- TIONAL FEE	
AMENDMENT	Total		Minus	**		= -	;	X\$ 9=		OR	X\$18=		
AME	Independent		Minus	***	T OL ANA			X40≡		OR	X80=	などを	
	FIRST PRESE	NTATION OF M	OLTIPLE DEF	ENDEN	I CLAIM		4	135=	*	OR	+270=		
		•				13 7	AD	TOTAL DIT. FEE		OR.	TOTAL ADDIT, FEE		
(Column 1) (Column 2) (Column 3)													
NT B		CLAIMS REMAINING AFTER AMENDMENT		NU! PREV	HEST MBER TOUSLY O FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
WE	Independent		Minus	***		-		X40=		OR	X80=	و المالية	
E	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							-135=	-	OR	+270=		
			•				Ļ.	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)			umn 2)	(Column 3)	•				3		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUI PREV	HEST MBER YIOUSLY D FOR	PRESENT		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	,	
	Independent	•	Minus	***	IT 01 411	=		X40=		OR	X80=		
尸	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR	+270=		
	If the entry in col	umn 1 is less than	the entry in colu	umn 2, wr	ite "0" in c	olumn 3.	L.	TOTAL		ł	TOTAL		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3," The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													